

APPLICATION FOR REGISTRATION OF CONTRACTORS

CITY OF BEDFORD, OHIO
165 CENTER ROAD
FOR THE CALENDAR YEAR OF _____

COMPANY NAME _____

COMPANY ADDRESS _____ CITY _____ STATE _____ ZIP _____

PRINCIPAL OWNER OF COMPANY _____

PRINCIPAL OWNER'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

OWNER'S SSN _____ OWNER'S DRIVER'S LIC # _____

TELEPHONE NO.(_____) _____ FAX NO (_____) _____

I.R.S. EMPLOYER IDENTIFICATION _____

WORKMAN'S COMPENSATION IDENTIFICATION NO. _____

TYPE OF CONTRACTOR _____

EXPERIENCE AND QUALIFICATIONS _____

APPLICANT'S SIGNATURE _____ DATE _____

TITLE _____

NO REGISTRATION WILL BE ISSUED UNTIL ALL COMPLETED FORMS ARE TURNED INTO THE BUILDING DEPARTMENT. A COPY OF THE CURRENT DRIVER'S LICENSE OF THE OWNER MUST ACCOMPANY THE APPLICATION.

TO BE COMPLETED BY THE BUILDING COMMISSIONER

INSURANCE: EVIDENCE OF BODILY INJURY \$100,000/\$300,000 AND PROPERTY DAMAGE
INSURANCE \$100,000.

BOND: EXPIRATION DATE OF INSURANCE _____
\$10,000.00 PERFORMANCE BOND (FORM FURNISHED BY THE CITY)

CERTIFICATE OF COMPETENCY: STATE OF OHIO _____ CITY OF CLEVELAND _____

FEES: \$50.00 () NEW DATE PAID _____ REGISTRATION NO. _____
\$35.00 () RENEWAL (UNTIL MARCH 1)

APPROVED _____ DENIED _____
BUILDING COMMISSIONER DATE

APPEALED TO THE BOARD OF BUILDING CODE APPEALS:

APPROVED _____ DENIED _____ DATE _____